the liver the cells were found to be greatly altered, in many places vacuolated. The spleen was enlarged, the kidneys slightly so, their cortical substance presenting numerous small spaces. The cells of the kidney were many of them degenerated. Granular casts were found in the tubules in the medullary portions.

The pathology of the condition is that of a severe contamination of the blood, resulting in damage to the organs of excretion. The disease is far more complicated than Bright's disease.

SCHULTZE'S METHOD OF RESUSCITATION IN CHILDREN WITH BROKEN CLAVICLES.

KEILMANN (*Centralblatt für Gynäkologie*, 1895, No. 3) reports two cases of difficult extraction, in which a clavicle of the child was broken, and in which it was necessary to practise Schultze's method of resuscitation. In both cases the children recovered, and union occurred without deformity.

PÆDIATRICS.

UNDER THE CHARGE OF

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PERSISTENCE OF BACILLI IN CHILDREN CURED OF DIPHTHERIA.

SEVESTRE and MÉRY, in a communication to the Société médicale des Hôpitaux (*Revue mensuelle des Maladies de l'Enfance*, March, 1895), detail their studies at the Hôpital Trousseau upon this most important point. After quoting the observations of Loeffler, Roux and Yersin, Tobiesen, Tezenas, and Boureau, which, while agreeing in the main fact, differ greatly in the proportion of negative and positive results and in the degree of virulence observed in the latter class of cases, the authors proceed to contrast their observations in two distinct series of cases. The first class included those cases treated from June to December, 1873, by the methods then in vogue (repeated lavage, applications of local antiseptics); while the second series embraced the cases from December, 1894, treated by injections of antitoxin serum.

The first series numbered fifteen children in which the cultures of throat or of tracheal mucus had been positive and virulent, and the treatment had consisted of topical applications (Gaucher's liquid, and oftener the stérésol ot Berlioz) and nasal and pharyngeal irrigations every two or three hours with solution of carbolic acid 1 to 100. After disappearance of the membrane these irrigations were continued twice daily till the patients were discharged. The later cultures, after disappearance of false membrane, had given variable results: four times bacilli were not present after repeated examinations; twice they had persisted, but had lost their virulence; while once there was a single positive result after several examinations. In four cases virulent germs were found for a period of six to fifteen days after disappearance of membrane; in two cases the cultures from the throat were negative, but those from the nose showed the presence of bacilli, which in one case persisted for forty-nine days after removal of the tracheotomy-tube and thirty-eight days after leaving the hospital. In other words, in about half the cases the bacillus had disappeared at the same time as the membranes, or had, at least, ceased to be virulent; but in the other cases had continued for some time after the subsidence of active symptoms of the disease.

The second series of cases, which were treated by antitoxin, had had no local treatment but irrigations of Labarraque's solution (50 to 1000), and included ten cases. In three the results were negative after repeated examinations for one, two, or three weeks. In four cases cultures showed non-virulent bacilli, generally the short variety, although the long or medium bacillus had been present at the onset of the disease. Finally, in three cases a virulent bacillus was found in several successive cultures. In one of these cases, after virulency was demonstrated for twelve days after cure, the short, non-virulent variety was found in the several examinations after this period, and persisted nearly a month after the patient's leaving the hospital. The instances in which the virulent bacillus continued present were especially the grave cases in which the convalescence had been retarded by diphtheritic paralysis or by accidents imputable to the injections (eruptions, arthropathies).

From the above it may be seen that in the two series of cases the results, as far as persistence of bacilli is concerned, are very nearly the same. In comparison with the observations of others, the following conclusions are drawn:

1. In a certain number of cases the bacillus of Loeffler disappears about the same time as the false membranes, or persists for a shorter or longer time, but ceases then to be virulent, taking usually the form of the short variety. This favorable result is realized in one-half to two-thirds of the cases, more especially in those of milder type.

2. In another series of cases, less numerous, but forming an imposing minority, the bacillus persists in a virulent state for some time after the apparent cure of the disease. It may continue in the throat, but more often and for a longer time it is found in the nasal fossæ. Irrigation of the throat and nose appears to limit the persistence of the bacillus, and is therefore indicated not only during the acute stage of the disease, but also after the disappearance of false membrane and during the convalescence.

OBSERVATIONS UPON TEMPERATURE AND PULSE AFTER INJECTIONS OF DIPHTHERIA ANTITOXIN.

VARIOT (*Société médicale des Hôpitaux*, March 1, 1895) states that in most children, following an injection of the serum, there is a rise of temperature more or less marked: four hours after injection the thermometer shows $\frac{9}{10}$° to $1\frac{4}{5}$° F. higher than before; five to eight hours after, this has reached $1\frac{4}{5}$° to $2\frac{7}{10}$°.